

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
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14	/					
15	2					
16	2					
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18	2					
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20	1					
21	1					
22	2					
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24	2					
25	2					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	2					
37	1					
38	1					
39	1					
40	1					
41	1					
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50						
TOTAL IND.	1					
TOTAL DEP.	48					
TOTAL CLAIMS	49					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						